

CITY OF FAYETTEVILLE

REQUIRED VERIFICATION FOR ALCOHOL LICENSE

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Is location in compliance with distance requirements of the City Ordinance for sales/serving of alcohol?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Signature of Building Official: \_\_\_\_\_

Does this location meet the conditions of the applicable provisions of the City Planning and Zoning Ordinance?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Signature of Zoning Official: \_\_\_\_\_